## IN THE MUNICIPAL COURT IN AND FOR THE CITY OF GULFPORT FIRST JUDICIAL DISTRICT, HARRISON COUNTY, MISSISSIPPI

## **AFFIDAVIT OF INDIGENCY**

I, the undersigned, having been convicted of a crime in the Gulfport Municipal Court, swear or affirm that I am financially unable to pay the fine(s) assessed against me.

In support of my statement that I am unable to pay the fine(s) assessed against me, I submit the following information to the Court, under oath or affirmation:

1.	name:	
2.	Address:	
3.	Age: Date of Birth:	SSN:
4.	Highest level of education:	
5.	Resident of Harrison County (Y) (N) If no, where?	
6.	Marital Status:	Spouse employed? (Y) (N)
7.	Spouse's place of employment:	
8.	Number of children and ages:	
9.	Total number of dependants in household:	
10.	Other family members residing in Harrison County?	
11.	List previous criminal convictions:	
12.	Currently employed? (Y) (N) If yes, place of employment:	
	Average monthly income: S <sub>I</sub>	pouse's monthly income:
	Any public assistance, such as food stamps, WIC, AFDC, etc?	
13.	Own home or rent? Length of stay at current residence:	
14.	Name of mortgage company or landlord:	
15.	Monthly house payment or rent payment:	
16.	Tag number(s) of all automobiles owned:	
	Lienholder(s) of automobiles:	
17.	Any other assets owned:	
18.	Liabilities:	
	TE OF MISSISSIPPI INTY OF HARRISON	
I.		, after first being duly sworn,
stat con my	e upon my oath or affirmation that the matt tained in the above Affidavit of Indigency ar belief, information, and knowledge. Any fals davit will be grounds for rejection and/or pr	ters, facts and information re true and correct to the best of se or misleading statements on this
This	s the day of	
		Signature
SW	ORN TO AND SUBSCRIBED before me, this th	
		DEPUTY COURT CLERK

AFFIANT MUST PROVIDE SUPPORTING DOCUMENTATION, i.e., INCOME TAX FORM FOR PRIOR YEAR, AUTOMOBILE TITLES, PROOF OF PUBLIC ASSISTANCE AND A CLAIM OF EXCEPTIONAL EXPENSES.